

Lincoln Police Department Thomas K. Casady, Chief of Police 575 South 10th Street Lincoln, Nebraska 68508

402-441-7204 fax: 402-441-8492



MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

March 22, 2006

Mayor Seng and City Council City of Lincoln City County Building Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of RPM Brothers Inc, d.b.a. Overland Station, 2805 NW 48th Street requesting a class C liquor license.

Paul Meyer, owner has purchased Overland Station and requests that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Paul Meyer was born in Lincoln, Nebraska. He attended Southeast High School graduating in 1979.

Mr. Meyer served in the United States Armed Forces 1987 - 1993 receiving an honorable discharge.

Paul Meyer employment history is as follows:

1997 - Present

Owner, Oakridge Homes

Lincoln, NE.

1980 - 1999

Burlington Northern

Lincoln, NE.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police





Name:

PAUL

D

MEYER

Cit Num:

Booking#:

Photo Date:

03-22-2006

Sex:

MALE

Race:

WHITE

Height:

5'11"

Weight:

200

Eyes: Hair Color: HAZEL BROWN

Charge:



Liquor License Investigation
Business (DBA) OUER AND STATION
Manager Owner Other
Name: PAUL MEYER
US Citizen? Yes No
Has applicant ever been cited for liquor law violations? No Yes Explain
Does applicant have an interest in another liquor license? Yes Explain
Is spouse qualified to hold a license? Yes No N/A
How is applicant if not an owner to be paid? Salary Hourly
How many hours will applicant be at the establishment? 60 +
Any other employment? No Vestexplain Home Bulding
Any previous experience with a liquor license? Yes (No)
Any criminal convictions? No Yes Comments
Is applicant a property owner in Lincoln? Yes No
Is applicant involved in any civil litigation? (No) Yes Comments
(4) Photo (4) Records Check (4) References
Comments
Interview Date 3 / 22 / 06

4/10/06



Dave Heineman Governor

STATE OF NEBRASKA

MAR 1 4 2006_{Nebi}

2006 NEBRASKA LIQUOR CONTROL COMMISSION Hobert B. Rupe

CITY CLERK'S OFFICE LINCOLN, NEBRASKA Executive Director 301 Centennial Mall South, 5th Floor P.O. Box 95046 Lincoln, Nebraska 68509-5046

Phone (402) 471-2571 Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: http://www.nol.org/home/NLCC/

A6-025520

March 10, 2006

Lincoln City Clerk 555 So 10th St Suite 103 Lincoln NE 68508

RE: Overland Station

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time not less than 7 days, not more than 14 days prior to date of hearing.
- You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose NOT to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- A citizens protest; or
- Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE PROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- Upon payment of the license fees;
- Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Randy Seybert

Licensing Division

Enclosures

Rhonda R. Flower Commissioner Bob Logsdon Chairman R.L. (Dick) Coyne Commissioner

124294

RECOMMENDATION OF THE NEBRASKA LIQUOR CONTROL COMMISSION

	Clerk of(City, Village or County)
	raska, hereby report to the Nebraska Liquor Control Commission in accordance with Revised Statutes of Nebraska, Chapter 5
	134 (7) (reissue 1984) the recommendation of said city, village or county, as the case may be relative to the application for a
en:	se under the provisions of the Nebraska Liquor Control Act as applied for by:
	RPM Brothers Inc. dba Overland Station
	2805 NW 48 th Street/ Lincoln NE 68524
	Application for Class C-71859
	45 th day 04/24/06
	Notice of local hearing was published in a legal newspaper in or of general circulation in city, village or county, one
	time not less than 7 nor more than 14 days before time of hearing.
	Check oneYesNo
	The Statutes require that such hearing shall be held not more than 45 days after the date of receipt of this notice from the Commission.
	Local hearing was held not more that 45 days after receipt of notice from the Nebraska Liquor Control Commission. Check oneYesNo
	Date of hearing of Governing Body:
	Type or write the Motion as voted upon by the Governing Body. If additional Motions are made by the Governing
	Body, then use an additional page and follow same format.
	Motion was made by: Seconded by:
	Roll Call Vote:
	Check one: The motion passed:The motion failed
	If the motion is for recommendation of denial of the applicant, then list the reasons of the governing body upon which th
	motion was made.
	(Attached additional page if necessary)
G	N HERE DATE
	DATE

71859 T5

NEBRASKA LIQUOR CONTROL COMMISSION

LICENSE APPLICATION CHECKLIST

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

Each item m	ust be checked off and included or marked N/A for not applicable.
1.	Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of \$33.00 per person. All areas must be completed on cards as per brochure.
2.	Enclose registration fee for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
3.	Enclose the appropriate application forms; Individual License – Form 1; Partnership License – Form 2; Corporate/LLC License – Form 3 and manager application (with corporate application only). LLC application must include all members.
4.	If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name.
5.	If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicants name.
6.	Enclose a copy of the Temporary Agency Agreement, if applicable. Must be on Commission forms only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.
	Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.
VUVTO L	

8.	Enclose a list of any inventory or property owned by other parties that are on the premise.
9.	For Individual and Partnership applications enclose proof of citizenship, birth certificates, or naturalization documents for all persons listed on application. Documents must be a certificate from the State, where born, not hospital certificate.
10.	If a corporation enclose a copy of the articles of incorporation. This document must show receipt (barcode) by the Secretary of States Office.

When you have completed this checklist, the application form(s) and attached a the required documents, in triplicate, submit them to: Nebraska Liquor Control Commission, 301 Centennial Mall South, PO Box 95046, Lincoln, NE 68509-5046

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Signature

APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571

PHONE: (402) 471-25 FAX: (402) 471-2814

Website: www.nol.org/home/NLCC/

FILED FILE CELLED

MAR 1 4 2006 MAR - 7 2003

CITY CLERK'S OF THE BHASKA LIQUOR LINCOLN, NEBROSAT ROLL COMMISSION

OFFICE USE ONLY

	16.7	CHECK DESIRED CLASS(S)		101		
RET.		(CENSE(S)	•	45.00		
Ц	A	Beer, On Sale Only	_	45.00 45.00		
\Box	В	Beer, Off Sale Only	_	45.00 45.00		
\boxtimes	C	Beer, Wine & Distilled Spirits, On & Off Sale		45.00 45.00		
Ц,	D	Beer, Wine & Distilled Spirits, Off Sale Only		45.00 45.00		
	I	Beer, Wine & Distilled Spirits, On Sale Only		45.00		
Class	K Cat	tering license may be added to any of these classes	with an ad	lditional fe		
of \$1	00.00 a	and filing form 35-4202				
MISO	CELLA	ANEOUS		Bond		
	\mathbf{L}	Craft Brewery (Brew Pub)	\$295.00	1,000 mir		
	O	Boat	\$ 95.00	N/A		
	\mathbf{V}	Manufacturer, Beer, Wine & Distilled Spirits	\$ 45.00	10,000 mi		
	(add	itional fee of \$100 to \$1,000-call for exact amount)				
	w	Wholesale Beer	\$545.00	5,000		
	\mathbf{X}	Wholesale Liquor	\$795.00	5,000		
	\mathbf{Y}	Farm Winery	\$295.00	1,000		
All o	ther lic	licenses expire October 31st censes expire April 30 th pire same as underlying retail license	ONE			
TYP		APPLICATION BEING APPLIED FOR (CHECK	ONE)	and the second		
Ц		vidual License, requires insert form 1				
\sqcup	Partnership License, requires insert form 2					
M	Cor	porate License, requires insert form 3a and manag	er applica	tion 3D		
200002000-0000000000000	TE OF	PERSON OR FIRM ASSISTING WITH APPLIC	ATION	Elbaretae 15		
NAN (Comm						
NAN (Comn Nam		Phone:				
(Comn Nam						

Trade Name (doing business as)	17:245th St
Street Address #1 305	NW 10 DU.
Street Address #2	
city Lincoln	County Lancaster
1.06.07	
Zip Code 1080	1 100-400 gg42
Telephone number at premise to	
Is this location inside the city/vil	llage corporate limits: XYES
Mail to Address (where you want recei	iph of Liquor Control Commission mailings)
Name: The Name:	1 Joseph Dr.
Street Address #1	ocorapie 1
Street Address #2	1
City Lincoln	County Ancaster
1.0861100	
Zip Code WATE	
DESCRIPTION AND DIAGRA	M OF THE STRUCTURE TO BE LICENSED
DESCRIPTION AND DIAGRA In the space provided or on an attach	ment draw the area to be licensed. This should include stoles where consumption or sales of alcohol will take place. If
DESCRIPTION AND DIAGRA In the space provided or on an attach areas, basement, sales areas and areas a portion of the building is to be cover width) of the licensed area as well as f	ment draw the area to be licensed. This should include sto s where consumption or sales of alcohol will take place. If a red by the license, you must still include dimensions (length the dimensions of the entire building in situations. No blue
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	APPLICANT INFORMATION	
	1. READ CAREFULLY. ANSWER COMPLETELY ANI	ACCURATELY.
7	Has <u>anyone</u> who is a party to this application, or their spouse, of or plead guilty to any charge. Charge means any charmisdemeanor, violation of a federal or state law; a violation of or resolution. List the nature of the charge, where the charge and month of the conviction or plea. Also list any charges pathis application. If more than one party, please list charges name.	rge alleging a felony, a local law, ordinance occurred and the year oending at the time of
	Yes If yes, please explain below or attach a separate	
	No soco Bush Writer had a	bilt, and
	Direct amily to spore spordes	
	Access Joseph 1	
<	 Are you buying the business and/or assets of a licensee? If the sales agreement with a listing of assets being acquired inventory (name brand and container size required). Liquo 	including <u>liquor</u>
	taken at time of application being submitted.	033146
	Yes Current business name and license number	
	No	
	3. Are you filing a temporary agency agreement, Commission	
	current licensee allows you to operate on their license. If y Please note: This agreement is not effective until Commis	**
	digit ID number.	
	Yes No	
	4. Are you borrowing any money from any source to establish	h and/or operate the
	business? If yes, list the lender. Yes AND ZON	
	A THE THE THE THE	

No

V	5. \(\sum_{\text{\tinx{\text{\tinx{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\tint}\xi{\text{\texi{\text{\texi{\text{\texi{\texi{\text{\tin}\tint{\text{\text{\text{\tin}}\tint{\text{\text{\tinit}\text{\tinx{\text{\text{\text{\text{\tinit}\xi}\\ \tint{\text{\text{\texi{\text{\text{\texi}\tint{\text{\ti}\tint{\text{\text{\tinit}\xitilex{\text{\texit{\text{\tinit}\xi}\\\ \tint{\text{\ti}\xii}\\titt{\text{\tinit}\tittt{\text{\ti}\tint{\tii}\tiint{\tii}\xiii}\t	Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application. Yes
\ ,	6.	Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner. Yes 15 - 5001 + 6015 GO15 GOM, VIDEO GOMS,
		No S
V	7.	Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners) Yes
	×	No
	8.	Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177. Yes
	X	No
	9. □	Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties. Yes
	10.	List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.
		person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

	and meyer-50 ho	(11)		
13.	List the training or experience (whe in connection with selling and/or se	n and where) of the pers rving alcohol products.		#12 above
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering to entire license year. Documents must show title or lease held in name of appears owner or lessee in the individual(s) or corporate name for which the application is being filed. Lease: expiration date			ring the f applicant	
15. When do you intend to open for business? ASAP				noder-accopyrisco-leiment
16. What will be the main nature of business? What are the anticipated hours of operation? Buy and Off Sak Mon-Sat 10 and Sak 12 and 12-7 pm			03m-	
	List the principal residence(s) for the application, including spouses. If r			ired to sign
17.		From: Year	To: Year	City/Stat
	icant Name		2006	linco
	icant Name	1000	1000	1
	icant Name	1990	3006	LongB

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

and spouses. Full (birth) names only, no initials		
1 Preis 7112-		
(sign here)	(sign here)	

Subscribed in my presence and sworn to before me this

24th day of February, 2006 Claus C. Dalle

Notary Public Signature & Seal

GENERAL NOTARY - State of Nebraska JANIS E. FALLER My Comm. Exp. Sept. 18, 2006

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010 REV. 4/05 of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol.

The undersigned understand and acknowledge that any license issued based on the information submitted in this application, is subject to cancellation of the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the human for themselves and not as an agent for any other person or entity. Corpor to applicants agree management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

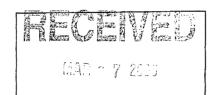
0x	Kul I my	
	(sign here)	(sign here)
ð.		
EFF.	(sign here)	(sign here)
*		
	(sign here)	(sign bere)
	(sign here)	(sign here)
	(sign here)	(sign here)
Subs	scribed in my presence and sworn to	before me this
2	4 day of FEBLANRY	DEBORAH BOTELLO
	Klehdrah Bats	COMM. # 1529200 NOTARY PUBLIC, CALIFORNIA LOS ANGELES COUNTY My Comm. Expires Dec. 21, 2008
	Notary Public Signature & Seal	dv

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FORM 35-4010 REV. 4/05

APPLICATION FOR LIQUOR LICENSE CORPORATION/LLC INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2814 Website: www.nol.org/home/NLCC



NEBRASKA LIQUOR CONTROL COMMISSION

7	Name of Corporation or Limited Liability Company that will hold license. Attach copy of
Κ.	Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.
. (Spr Brighers Inc
	Corporate Street Address: 10443 1065+5006 Dr.
	City: \ In Coln State: \ Zip Code: \(\sqrt{S}\)
	Corporate Telephone Number 403-450-6956
	Total number of shares issued (if corporation)
	Is this a Non Profit Corporation?
	Name of Registered Agent X Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q
	Name of Proposed Manager This person must complete form 35-4013
	List name of Chief Executive Officer
\	Last Name: First Name: MI MI
	Address Street WHS West Mr. M. City Lill C.
	State Zip Code (85) Home Phone number 402 488-(16)
	Social Security Number Date of Birth

	List names of all Officers, Directors, Stockholders, Me	embers and their Spouses
gred off	Last Name VXXXX	First Name
off purity	Social Security Number	Date of Birth
b.m.	Title SCCIOTANI TY OA SILVO	Number of Shares
0 .	Spouse Name (indicate N/A if single)	Writer
and a	Spouse Social Security Number	Date of Birth
pinto	Title YCSICKING-	Number of Shares
{		0.631
gned upp	Last Name \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	First Name KUSK
MP.	bootal bootally I tallion	Date of Birth
	Title VICE-DESIDENT	Number of Shares 3
	Spouse Name (indicate N/A if single)	
	Spouse Social Security Number	Date of Birth
	Title	Number of Shares
		D. A.M.
	Last Name	First Name
	Social Security Number	Date of Birth
	Title	Number of Shares
	Spouse Name (indicate N/A if single)	
	Spouse Social Security Number	Date of Birth
	Title	Number of Shares

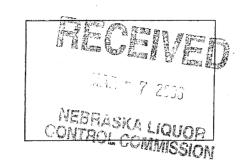
V	Is this Corporation or Limited Liability Company controlled by another Corporation? Yes No If yes, give name of corporation and supply organizational chart				
1	Indicate tax year with the IRS Starting Date Ending Date				
	Signature of President/Managing Member Notary Public Signature & Seal				
	Subscribed in my presence and sworn to before me this 2 H day of Flbruary, 2006 Notary Public Signature & Seal GENERAL NOTARY - State of Nebraska JANIS E. FALLER My Comm. Exp. Sept. 18, 2006 Subscribed in my presence and sworn to before me this 2 H day of Flbruary, 2006 GENERAL NOTARY - State of Nebraska JANIS E. FALLER				

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My Comm. Exp. Sept. 18, 2006

APPLICATION FOR LIQUOR LICENSE CORPORATION MANAGER - FORM 3b *MUST BE A NEBRASKA RESIDENT*

301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2814 Website: www.nol.org/home/NLCC/



	LIQUOR LICENSE INFORMATION
U	NAME OF LICENSED CORPORATION RPM BIDANGS, INC.
٧	CLASS & LICENSE NUMBER
	TRADE NAME (NEVIDIO STATION
	STREET ADDRESS 2805 NW 484h CITY LINCUIN
\!	
٧	D.C. M7
	SIGNATURE OF CORPORATION PRESIDENT/CEO
	APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)
,	NAME Parl Mayer
ĺ	ADDRESS CAAS INCOLONIE DY.
	CITY STATE NE ZIP CODE 68516
	HOME PHONE NUMBER 403-418-000 BUSINESS PHONE NUMBER 400-410-99
	SEX MALE FEMALE SOCIAL SECURITY NUMBER
	DATE OF BIRTH PLACE OF BIRTH / / / / / / / /
	DRIVERS LICENSE NUMBER & STATE
	SPOUSES INFORMATION (IF NOT MARRIED INDICATE)
	SPOUSE NAME HY CO MICH
Ų	SOCIAL SECURITY NUMBER
	DRIVERS LICENSE NUMBER & STATE

1. READ CAREFULLY. ANSWER CO Has anyone who is a party to this application, or the charge alleging a felony, misdemeanor, violation of the charge, where the charge occurred and the yeapplication. If more than one party, please list charge YES NO If yes, please explain below or attach a separate.	eir spouse, EVER beef a federal or state law ear and month of the crees by each individual	on convicted of or plead guilty to an r; a violation of a local law, ordinal conviction or plea. Also list any ch	nce or resolution. List the nature
2. Have you or your spouse ever made application vicense number and date. YES NO	for any liquor license	or manager for any liquor license?	? IF YES, for what premise give
3. Have you or your spouse ever made a compron	nise settlement for vio	lation of such laws?	
4. Do you, as a manager, have all the qualification Nebraska Liquor Control Act (§53-131.01) YES NO	ns required by any per	son entitled to hold a Nebraska Lic	quor License?
5. Have you filed fingerprint cards and PROPER YES NO	FEES (if check, mak		this application?
	CONTRACTOR OF THE CONTRACTOR	PLICANT AND SPOUSE MUST	COMPLETE
APPLICANT: CITY & STATE	YEAR FROM TO	SPOUSE: CITY & STATE	YEAR FROM TO
lingeoln, CE	1956 today	Lincoln, CE	1989 today
EMP	LOYERS - LIST LA	ST TWO EMPLOYERS	
MONTH/YEAR NAME OF EMPLOYER TO		NAME OF SUPERVISOR	TELEPHONE NUMBER
1979 xxx Burtington	Palro	ad	
1997 Acoday Sell Emillo	ried'	Paul Me	alcipatoch var

PERSONAL OATH AND CONSENT OF INVESTIGATION MUST BE SIGNED BY APPLICANT & SPOUSE

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Signature of Applicant

Subscribed in my presence and sworn to before me this

Notary Signature & Seal

GENERAL NOTARY - State of Nebraska JANIS E. FALLER My Comm. Exp. Sept. 18, 2006

Signature of Spouse

Subscribed in my presence and sworn to before me this

Notary Signature & Seal

GENERAL NOTARY - State of Nebraska JANIS E. FALLER My Comm. Exp. Sept. 18, 2006